

AGENCY DIRECTORS' REPORT

AGENCY: Lake's Crossing Center

SUBMITTED BY: Tom Durante, LCSW DATE: 11/7/2016

Reporting Period: 11/7/2016

STAFFING

Positions filled: Over the past three months, Lake's Crossing has filled one Clinical Social Work position, one Correctional Officer position, one Psychiatric Nurse position, One Facility Maintenance Supervisor, and one Quality Improvement Position.

Vacancies: We currently have 12 vacant positions. These include one AAIL, one AAILI, seven Forensic Specialists, one Forensic Specialist IV, one part time Psychiatric Nurse, one full time Psychiatric Nurse, and on Maintenance position.

Difficulties filling: We have a particularly difficult time filling nursing positions.

CASELOADS/WAITING LISTS

Program: Inpatient

Caseload: 80

Waiting List: Offered bed; 4

Program: Outpatient

Caseload: 7

Waiting List: 0

Program: Outpatient Compency Evaluations

Program: Click here to enter text.

Caseload: Complete approximately 100 a month

Caseload: Click here to enter

text.

Waiting List:

Waiting List: Click here to enter text.

Program:

Program: Click here to enter text.

Caseload:

Caseload: Click here to enter text.

Waiting List:

Waiting List:

PROGRAMS

New Programs: No new programs

Program Changes: Our Activity Therapy Department has added a Pet Therapy group for approved clients that are committed to us for an extended period. Construction on several ADA compliance issues will begin in mid-November. This should have minimal impact on programming. With our new QAPI position filled, we will be adding an Environment of Care Committee within the agency as well as increasing Performance Improvement projects.

Service Needs/Recommendations

The number of referrals for outpatient evaluations has been extremely high. Our inpatient psychologists and social workers assist with completing the evaluations, as the outpatient psychology positions cannot keep up with the demand. We attempt not to allow this to impact inpatient services, although it does put additional pressure on inpatient services. The Agency Director and the Statewide Forensic Mental Health Director have requested a meeting with the County Manager and Public Defender's office to discuss possible remedies. Referrals for inpatient services continues to also be high. Although we are

meeting the demands of the consent decree, the number of referrals is concerning. Continued attention to the need to increase capacity in state forensic services will be needed.

Agency Concerns/Issues

It continues to be difficult to fill and retain positions, especially in the nursing and forensic specialist departments. We have seen nurses not accept open positions or leave State service because they can earn more in the private sector. Similarly, forensic staff members have been hired and trained, including POST certification, only to have them leave for a higher paid positions in other criminal justice services. We now have 10 beds that are filled with long term clients (those committed under 178.461 or 175.539) Their treatment teams provide individualized care, and these clients appear to be doing well. However, this does take these beds "off line" for competency restoration. We have experienced an increase in costs of providing restoration treatment with the admission of a client that needs a Certified Deaf Interpreter and a Certified Hearing Interpreter. As Northern Nevada has limited provider options, the State has to contract with providers that live out of state. .

AGENCY DIRECTORS' REPORT

AGENCY: Rural Regional Center

SUBMITTED BY: Robin Williams DATE: 11/18/2016

Reporting Period: 9/30/2016

STAFFING

Positions filled: .5 AA

Vacancies: Psychologist 1, Carson City; .75 AA II, Carson City

Difficulties filling: It continues to remain difficult to fill professional positions due to more competitive salaries outside of the state system

CASELOADS/WAITING LISTS

Program: Targeted Case Management (Sept 2016)

Caseload: 728 (189 youth, 539 adults)

Waiting List: N/A

Program: Family Support

Caseload: 112 (Sept 2016)

Waiting List: 0 (Sept 2016)

Program: Supported Living Arrangement

Caseload: 356 (20 youth, 336 adults) (Sept 2016)

Waiting List: 11 (Sept 2016)

Program: Respite

Caseload: 99 (Sept 2016)

Waiting List: 22 (Sept 2016)

Program: Jobs & Day Training

Caseload: 238 (0 youth, 238 adults) (Sept 2016)

Waiting List: 4 (Sept 2016)

Program: Autism

Caseload: 1 (1 youth, 0 adults (Sept 2016)

Waitlist: Transferred to ATAP July 1, 2011

PROGRAMS

New Programs: We are currently opening new 24- hour Supported Living Homes in Fernley, Carson City, and in South Carson City. The home in South Carson City will serve individuals who reside in southern Carson City and in Douglas county. This will be the first 24-hour home to serve individuals who wish to live and work in this area. A new provider has been approved to begin services in Yerington, including supported employment and in-home (intermittent) supported living services. This will be the first time we will have a provider who is willing to work in this area.

Program Changes: N/A

Service Needs/Recommendations

Rural Regional Center is continuing to experience significant growth and is continuing to recruit provider agencies willing to work in more frontier areas of the state.

Agency Concerns/Issues

Rural Regional Center and Providers continue to experience difficulty filling positions due to competition with the counties, as well as low unemployment rates in many counties and competition with mining and other industries.

AGENCY DIRECTORS' REPORT

AGENCY: Sierra Regional Center

SUBMITTED BY: Julian Montoya DATE: 11/18/2016

Reporting Period: 9/30/2016

STAFFING

Positions filled: 7/14/16 Clinical Extern; 8/15/16 Maint. Rep Spec-0255; 9/12/16 Account Asst II-0390; 9/13/16 DS III-0411; 11/7/16 Psychologist 1-0408

Vacancies: 1 DS I-III (Service Coordinator)

Difficulties filling: SRC was finally able to fill our last Psychologist position that has been open for 2 years. He will start on November 7th, 2016.

CASELOADS/WAITING LISTS

Program: Targeted Case Management (Sept 2016)

Caseload: 1356 (417 youth, 939 adults)

Waiting List: N/A

Program: Family Support

Caseload: 175 (Sept 2016)

Waiting List: 0 (Sept 2016)

Program: Supported Living Arrangement

Caseload: 654 (57 youth, 597 adults) (Sept 2016)

Waiting List: 55 (Sept 2016)

Program: Respite

Caseload: 217 (Sept 2016)

Waiting List: 31 (Sept 2016)

Program: Jobs & Day raining

Caseload: 419 (0 youth, 419 adults) (Sept 2016)

Waiting List: 34 (Sept 2016)

Program: Autism

Caseload: 1 (1 youth, 0 adults (Sept 2016)

Waitlist: Transferred to ATAP July 1, 2011

PROGRAMS

New Programs: AB 307 pilot home opened on August 15th with 2 youths that we serve. SRC is working with the provider, Medicaid, and other partners in this pilot program that runs until 2019.

Program Changes: None

Service Needs/Recommendations

AB 307 pilot home project which targets the need for increased behavioral supports for youth with co-occurring Intellectual Disability and Mental Health/Behavioral disorder opened on August 15th, 2016. SRC has also identified the need to increase our efforts to recruit more Host Home providers for the people we serve.

Agency Concerns/Issues

SRC has identified the need to work with JDT providers to increase capacity for supported employment in our community. The CMS final ruling will require DS to work with our JDT providers in re-vamping their programs to be more community based (as opposed to facility based). Our current JDT structure (facility based) does limit the number of people they can serve – our goal is to move toward a more community based service system. (2) DS providers express concern about the

current provider rate and report that it is impacting their ability to recruit qualified employees. The 24 hour SLA providers report a high turnover rate which impacts consistency of supports offered to individual's served. (3) DS is experiencing a major shift in rental increase for homes and apartments in the Washoe County area. As major companies such as Tesla and Switch come into the area with an increased need for a labor force, prices have increased making it difficult to find homes that are aligned with what DS can support. (4) With an increased need for services across the board all DS agencies are always concerned about caseloads and not having enough Service Coordinator positions available.

AGENCY DIRECTORS' REPORT

AGENCY: SNAMHS

SUBMITTED BY: OP Administration

DATE: 11/01/2016

Reporting Period: October 2016

STAFFING

Positions filled: 630.02 FTE

Vacancies: 129.55 FTE

Difficulties filling: 83.02 FTE (Clinical Social Workers – 4.49 FTE, Licensed Psychologist – 5.00 FTE,
Psychiatric Nurses – 43.00, Senior Psychiatrists – 30.53)

CASELOADS/WAITING LISTS

Program: SLA+Shelter+ISLA

Caseload: 378

Waiting List: 2

Program: Group Care + Sp. Needs

Caseload: 228

Waiting List: 2

Program: PACT

Caseload: 67

Waiting List: 0

Program: Medication Clinic

Caseload: 3096

Waiting List: 258

Program: Counseling

Caseload: 428

Waiting List: 4

Program: Service Coord. + Intensive

Caseload: 471

Waiting List: 19

Program: MHC

Caseload: 771

Waiting List: 0

Program: IP

Caseload: licensed beds; 211

Waiting List: See ER Data

Program: AOT

Caseload: 76

Waiting List: 3

Program: Co-Occurring Program

Caseload: 47

Waiting List: 4

Program: Residential

Caseload: 638

Waiting List: 8

Program: Laughlin Mesquite Med Clin

Caseload: 106

Waiting List: 9

Program: Laughlin Mesquite SC

Caseload: 35

Waiting List: 2

Program: Laughlin Mesquite OP Coun

Caseload: 178

Waiting List: 6

PROGRAMS

Service Needs/Recommendations

Agency Concerns/Issues

AGENCY DIRECTOR'S REPORT

Agency: NNAHMS
Reporting Period: 11/7/2016

Submitted by: Lisa Sherych

Date: 11/07/2016

STAFFING

Positions Filled: Custodial Worker I, Grounds Maintenance Worker IV, Maintenance repair Worker II, Mental Health technician I (x2), Psychiatric Caseworker II, Psychiatric Nurse I, Psychological Assistant

Vacancies: Administrative Assistant I, Administrative Assistant II, Administrative Assistant IV, Clinical Social Worker II (x2), Custodial Supervisor II, Laboratory Tech I, Licensed Psychologist I, Maintenance Repair Tech Spec I, Mental Health Counselor II, Mental Health Tech III, Mental Health Tech III – Enliven, MHT 4 (Milieu Coordinator), Microbiologist IV, Mid-Level Medical Practitioner, Pharmacist I (x2), Pharmacy Tech II (x2), Psychiatric Caseworker II, Psychiatric Nurse II (x12), Psychiatric nurse II AOT, Sr. Psychiatrist (x3), Substance Abuse Counselor II, Supply Assistant, and Vocational Habilitation TR

Difficulties Filling: Psychiatric Nurse II

CASELOADS/ WAITING LISTS

Program: Med Clinic

- Caseload: 1,864
- Waiting List: 51

Program: Mental Health Court

- Caseload: 19
- Waiting List: 0

Program: OP Counseling

- Caseload: 130
- Waiting List: 17

Program: PACT

- Caseload: 71
- Waiting List: 11

Program: SLA/Shelter Plus Care

- Caseload: 341+38 = 379
- Waiting List: 100

Program: Service Coordination/PACT II

- Caseload: 160
- Waiting List: 49

PROGRAMS

New Programs: There are no new programs to report at this time.

Program Changes: Beginning November 1, 2016, Lisa Sherych will be overseeing both, Inpatient and Outpatient Agencies.

SERVICE NEEDS/RECOMMENDATIONS

There are no service needs or recommendations to report at this time.

AGENCY CONCERNS/ISSUES

The list of individuals in community emergency rooms waiting for admission to behavioral health services continues to be an issue. Dini-Townsend provides services primarily to individuals with no other resources to access community providers. The wait list is affected by several issues; there are clients who could receive services at a private facility, but they are referred to Dini-Townsend as needing a high level of care/intervention. In an effort to reduce wait times, Dini-Townsend has been working diligently on collaborating with our community hospitals and partners. As a result, our length of stay has trended downward, but there are outliers with long inpatient stays who affect the average length of stay when they are discharged. Contributing to the length of stay is the difficulty of finding appropriate housing in the community for patients who may no longer need an Inpatient level of care; these clients need structured community housing and support to live successfully outside the hospital.

ADMINISTRATIVE SERVICES BRANCH:

The primary purpose of the Administrative Services Branch is to provide support to the Fiscal Office, the Office of Human Resources and the Office of Informatics and Technology within the Division of Public and Behavioral Health, and to provide information to the public in regards to the Division.

CLINICAL SERVICES BRANCH:

The primary purpose of the Clinical Services Branch is to provide statewide inpatient, outpatient and community-based public and behavioral health services to Nevadans.

- Behavioral Health Central Office Administration
- Lake's Crossing Center for Mentally Disordered Offenders
- Northern Nevada Adult Mental Health Services (NNAMHS)
- Southern Nevada Adult Mental Health Services (SNAMHS)
- Rural Community Health Services (RCHS)

COMMUNITY SERVICES BRANCH:

The primary purpose of the Community Services Branch is to establish and develop relationships with community partners, including collaborating on resources that will improve public health and behavioral health outcomes for all communities within Nevada.

REGULATORY AND PLANNING BRANCH:

The Bureau of Health Care Quality and Compliance licenses medical and other health facilities in Nevada.

The Bureau of Health Care Quality and Compliance licenses and certifies medical laboratories, laboratory directors, and laboratory personnel, investigates complaints, conducts on-site inspections and provides technical assistance in accordance with Nevada Revised Statutes and Nevada Administrative Code, Chapter 652 Medical Laboratories.

The 2011 Legislature declared that the practice of music therapy is a learned allied profession affecting the safety, health and welfare of the public.

The 2011 Legislature declared that the practice of dietetics is a learned allied profession affecting the safety, health and welfare of the public.

Child Care Licensing serves Nevada's communities by ensuring the health, safety, and well-being of children in licensed child care facilities. Child Care Licensing develops appropriate rules, monitors for compliance, offers technical assistance and training to caregivers, and provides consumer education.

The Nevada Medical Marijuana Cardholders/Caregivers Program, created in 2001, accepts and processes applications from Nevadans with qualifying conditions seeking a Medical Marijuana Patient Registry card. The Nevada Medical Marijuana Establishment Program certifies, inspects and regulates medical marijuana dispensaries, cultivation facilities, production facilities and independent testing laboratories.

The Office of Vital Records is the legal custodian for birth and death records for the State of Nevada. The Office of Vital Records registers birth and death records and issues certified copies of those records as requested by a qualified applicant.

The Primary Care Office (PCO) works to improve the health care infrastructure of Nevada. The PCO supports the Division's mission to promote the health of Nevadans by working to:

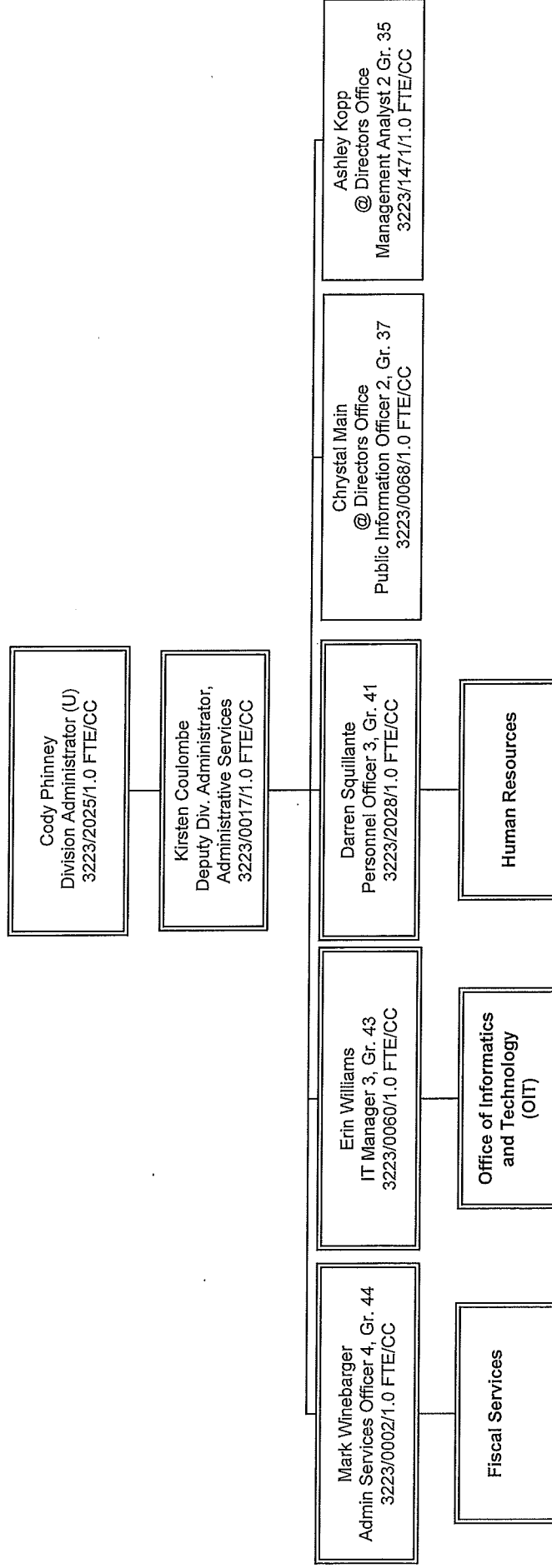
- Improve access to primary health care services for Nevada's underserved;
- Increase availability of primary care providers in underserved areas;
- Increase access to maternal and child health care service for underserved populations; and
- Improve provider access to health care financing resources.

The Public Health Preparedness Program assists Nevada's public health infrastructure in promoting and protecting the health of all Nevadans and visitors to our state through: Prevention of disease, injury and disability; early detection of threats to public health; and response to natural and human-caused events.

The Radiation Control Program is responsible for providing public health and safety functions associated with administering a radiation control program through NAC 457 and 459 including radioactive materials, radiation-producing machines, investigation of radiation incidents, radon public information and outreach, education and training of emergency first responders.

The Environmental Health Section is responsible for safeguarding life and promoting the human health of Nevada residents and visitors by preventing avoidable death and disease. EHS establishes reasonable standards, issues permits, and operates in the following facility types: food establishments, drug and cosmetic manufacturers, dietary supplement manufacturers, public bathing places, county jails, state honor camps and juvenile detention centers, public, private and charter schools, camping and recreational vehicle parks, private on-site sewage systems and septic tank pumping contractors. EHS staff respond to emergencies impacting public health such as food truck wrecks, floods, sewage discharge, fires, and foodborne illness outbreaks

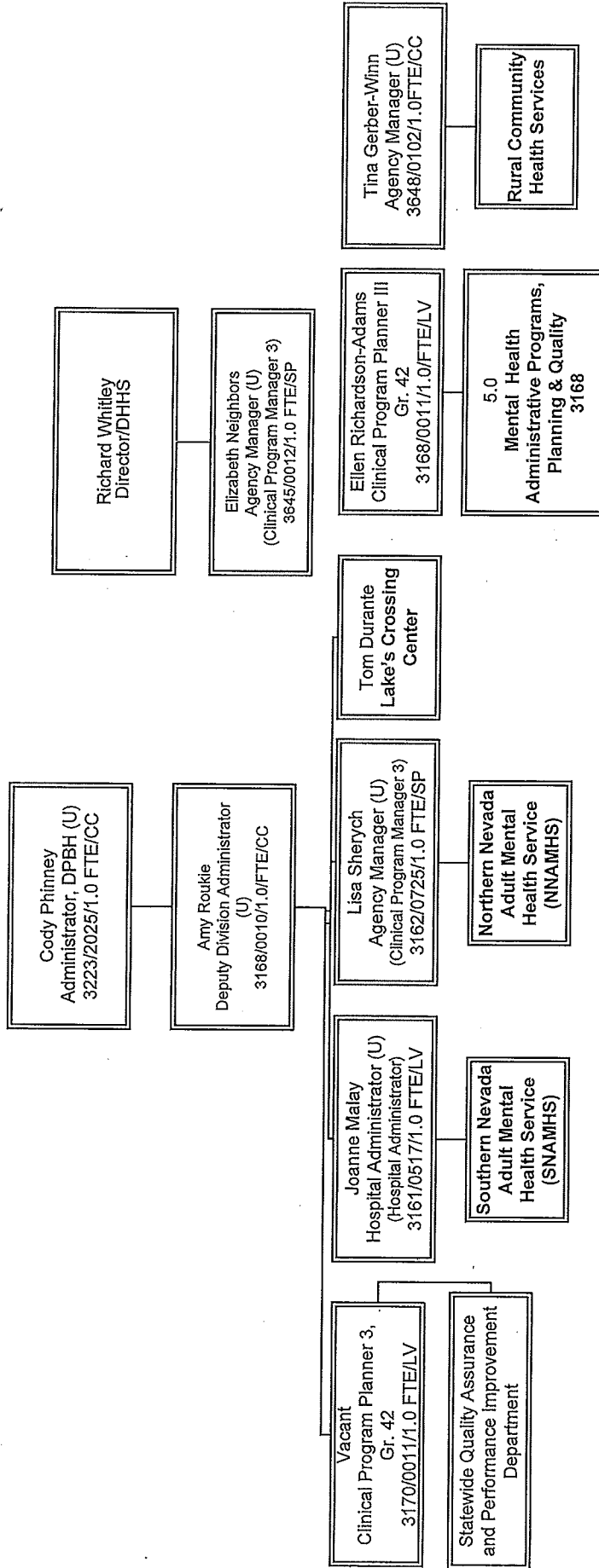
Division of Public & Behavioral Health
Administrative Services
November, 2016



Cody Phinney
Cody Phinney, Administrator

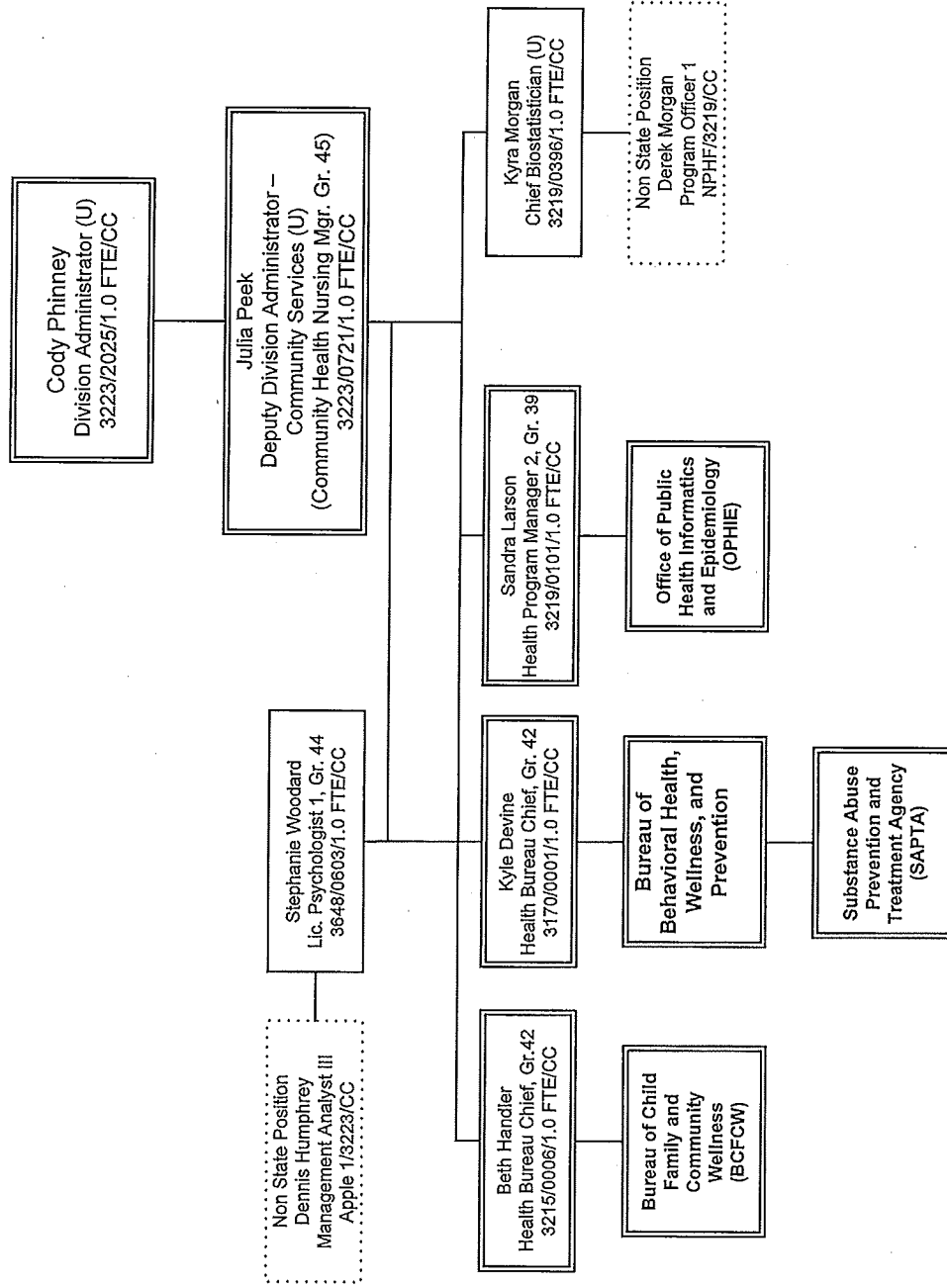
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Clinical Services
November, 2016



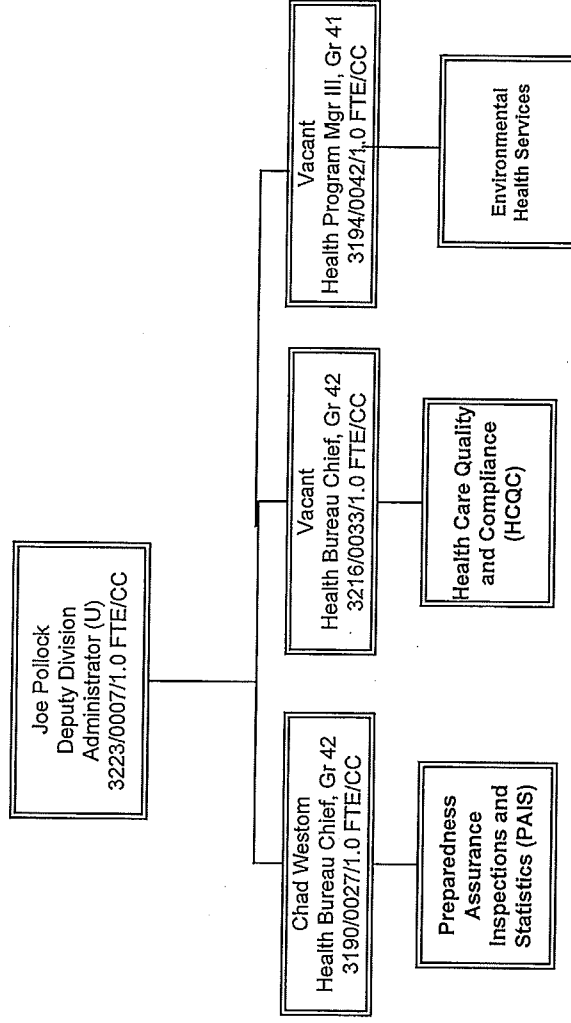
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